

Neighbors Grove Christian Academy

1928 North Fayetteville Street



1928 N. Fayetteville St.

Asheboro, NC 27203

336-672-1147

ngcaoffice@centurylink.net

www.neighborsgrove.com

Summer Program Registration

Applying For: Full Time _____

Part Time _____

If Part Time, which days of the week (minimum of 3)? _____

I. STUDENT INFORMATION

Student's full name: _____
Last First Middle Preferred

Completed grade: _____ Date of birth: _____ Gender: Male _____ Female _____

Parents Names: _____ / _____
Mother Father

Address: _____

City State Zip

Telephone: (home) _____

E-mail Address: _____ / _____
Mother Father

It is the parent/guardian's responsibility to update the school with student and family information changes as they occur during the summer.

II. PARENT/GUARDIAN INFORMATION

Father

Mother

Name _____

Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Who has legal custody of the child? _____

****It is the parent/guardian's responsibility to notify the school of any changes in custody and provide documentation while the child is enrolled at Neighbors Grove Christian Academy Summer Program.**

If applicant lives with someone else other than parents, please state: _____

III. EMERGENCY CONTACTS

List several Emergency Contacts if parents or guardians are unavailable in an emergency.

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

IV. Authorized to pick up your child - Those persons listed above as Emergency Contacts will also be authorized to pick up your child unless otherwise noted.

Medical Information

Allergies _____

Doctor preference: _____ Phone _____

Hospital preference: _____ Phone _____

List all regular medication taken: _____

Health Insurance: _____

Provider

ID #

By signing this form, I agree that the Administrator, teacher, or person in charge, may authorize the physician of his/her choice to provide emergency care for my child in the event that neither the preferred physician nor I can be contacted immediately. I also understand that my family medical insurance coverage is the primary insurance for my child. The Neighbors Grove Christian Academy Insurance is secondary insurance coverage.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date